

United States District Court

DISTRICT OF _____

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

Plaintiff *BARBARA HIGGINS*
P.O. BOX 577
 V. *SAGAMORE BEACH, MA. 02562*

Defendant *M.W.R.A*

CASE NUMBER: _____

I, *Barbara Higgins* declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

Part Time Bus Person approx 100.00 - 150.00 weekly
also Retired from M.W.R.A. also known as
Massachusetts Water Resources Authority

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Pensions, annuities or life insurance payments	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d. Disability or workers compensation payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Gifts or inheritances	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Any other sources	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive.

\$1,200. - monthly

AO 240 (Rev. 1/94)

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "yes" state the total amount. \$200.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☒ Yes ☐ No

If "yes" describe the property and state its value.

My house - valued at about \$150,000. Mortgage payments are \$952.31 monthly with 14 years pending.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NA

I declare under penalty of perjury that the above information is true and correct.

1
DATE

Barbara Higgins
SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit: _____
_____. I further certify that during the past six months the applicant's average balance was \$ _____.

A ledger sheet showing the past six months' transactions:

☐ is attached ☐ is not available at this institution

DATE

SIGNATURE OF AUTHORIZED OFFICER